IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department".

Name: (owner) J. G. Baker Property Location: SR# Hwy 42	New Installation	Septic Tank
Property Location: SR# Hwy 42	☐ Repairs	Nitrification Line
		21
Subdivision	Lot #	SM
Tax ID# Lot Si	Quadrant #	
Number of Bedrooms Proposed: Lot Si	ze:	
Basement with Plumbing: Garage:		
Water Supply: Well Public Community	у	
Distance From Well: ft.		
Following is the minimum specifications for sewage d property. Subject to final approval.		ve captioned
Type of system: Conventional Other		
Size of tank: Septic Tank: gallons Pump		
Subsurface No. of ditches 3 exact length of each ditch	ft. ditches ft.	depth of 36 in.
French Drain required: Linear feet	2-18-9	6
- [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	te: $\frac{2-18-9}{2}$	dy
WOLD ALWED & MEADS	Environmental H	Health Specialist
VOID AFTER 5 YEARS		
VOID AFTER 5 YEARS	-	-
VOID AFTER 5 YEARS	-	contous
COMU'	Follow of the s	contous
COMU.	-	contous
	-	contous
COMU.	-	contous
COMU.	-	contous
CONU. Repair A-ea		contous
COMU.		contous
CONU. Repair A-ea		contous
CONU. Repair A-ea 230'		contous
CONU. Repair A-ea 230'		contous
CONU. Repair A-ea		contous
CONU. Repair A-ea 230'		contous
CONU. Repair A-ea 230'		contous

HARPITT COUNTY HEALTH DET RIMENT

AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harm County Health Department Improvement Permit $\#$ $\#$ $\#$ This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, so the specification of the specifications described by Harm County Health Department Improvement Permit $\#$ $\#$ This authorization will be invalid if ownership, so the specifications described by Harm County Health Department Improvement Permit $\#$ This authorization will be invalid if ownership, so the specifications described by Harm County Health Department Improvement Permit $\#$ This authorization will be invalid if ownership, so the specification of the specifications described by Harm County Health Department Improvement Permit $\#$ This authorization will be invalid if ownership, so the specific of t
plans, or intended use change.
Owner or Authorized Agent J. G. Baker
Name: Telephone # _ 25 0- 1475
Address: 225 Coley Farm Rd Fuguay Vanina
Property Location: SR# Road Name Hwy 42
New Installation Repair Septic Tank Nitrification Lines
Subdivision Lot # 3A
Number of Bedrooms Proposed: 4 Lot Size: 11.58 AC
Basement With Plumbing Without Plumbing
Water Supply: Well Public
Minimum Well Setback: >50 ft.
Type of System: Conventional Other
Cank Volume: Septic Tank /000 gallons, Pump Chamber gallons
Nitrification Field Specifications
Number of fields 1 Number of Lines Per Field 3 Length of Lines 400
Vidth of Ditches 3 ft. Depth of ditches 36 inches
rench Drain: Linear feet required Depth of gravel
to wastewater system shall be covered or placed into use by any person until an inspection by the Harnett Cour lealth Department has determined that the system has been installed according to the conditions of the approvement permit and that a valid operations permit has been issued.
uthorized Agent of Harnett County Health Department
ame: Jeff Endy Date: 2-18-96